

## BILLING OFFICIAL SETUP (cont.)

### Purchasing CPP (DoD)

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#### Optional Billing Official Authorization Control:

MAT Code 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_  
(Indicate up to 4 codes) (Indicate MAT 0999 if issuing checks on accounts associated with this Billing Official Level)

Daily Transaction Limit: \_\_\_\_\_ Single Purchase Limit (SPL): \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Cycle Transaction Limit: \_\_\_\_\_ Daily Purchase Limit: \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Monthly Transaction Limit: \_\_\_\_\_ Monthly Purchase Limit: \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Quarterly Transaction Limit: \_\_\_\_\_ Quarterly Purchase Limit: \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Annual Transaction Limit: \_\_\_\_\_ Annual Purchase Limit: \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

#### Form Submitted by:

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

#### For I.M.P.A.C. Government Services use only:

Company # \_\_\_\_\_ Acct # \_\_\_\_\_  
Rec'd Date: \_\_\_\_\_ Input Date: \_\_\_\_\_  
Completed By: \_\_\_\_\_  
Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Reject Reason: \_\_\_\_\_ Reject Date: \_\_\_\_\_  
☐ Incomplete (missing information circled or highlighted)  
☐ Other \_\_\_\_\_

#### MAIL REQUEST TO:

I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466

☎ 888-99-IMPAC (888-994-6722)

**usbank.**  
I.M.P.A.C.<sup>®</sup>  
Government Services

## BILLING OFFICIAL SETUP

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Agent Number \_\_\_\_\_

#### Billing Official Contact Information: *(Complete all information, unless indicated as optional)*

✓ Billing Official Name: \_\_\_\_\_  
(Name 1) (max. 30 char.)

✓ Dept./Office/Agency Name: \_\_\_\_\_  
(Name 2) (max. 19 char.)

✓ Address 1: \_\_\_\_\_  
(max. 36 char.)

Address 2: \_\_\_\_\_  
(Optional) (max. 30 char.)

✓ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(max. 25 char.) (max. 10 char.)

✓ Phone Number: \_\_\_\_\_  
(max. 18 char.)

✓ Fax Number: \_\_\_\_\_  
(max. 18 char.)

✓ E-mail Address: \_\_\_\_\_  
(max. 60 char.)

Tax Exempt Number: \_\_\_\_\_  
(max. 20 char.)

Billing Office Limit \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Cycle Date \_\_\_\_

*(Cycle purchase limit)*

✓ Master Accounting Code: \_\_\_\_\_  
(Optional) (Max. 75 char.) (First 25 characters of Accounting Code)  
\_\_\_\_\_  
(Second 25 characters of Accounting Code)  
\_\_\_\_\_  
(Third 25 characters of Accounting Code)

#### Reporting Levels:

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_

Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_